

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/866, 23)

DATE: <u>11/19/2W1</u>	FROM: _____ (print name)
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FORWARD TO: <u>2161</u>	REASON(S):
A. Art Unit: <u>705</u>	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input checked="" type="checkbox"/> D. See Claim(s): <u>1F</u>
B. Class:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C Subclass:	

FURTHER EXPLANATION IF NEEDED: Claims are directed to customer service related at service facility see US Pat 5976388

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): _____
B. Class: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C Subclass: _____	

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): _____
B. Class: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C Subclass: _____	

FURTHER EXPLANATION IF NEEDED: